

**MARY MULLAND**  
**RALEIGH SPECIALIST**  
**DESIGNATED OFFICE**  
**703-5483**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. _____		FILING DATE _____		
						APPLICANT(S) _____				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9	1						59			
10		1					60			
11		2					61			
12	1						62			
13	1						63			
14		1					64			
15		1					65			
16	1	3					66			
17	1						67			
18		1					68			
19							69			
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46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	19	↓	↓	↓			TOTAL DEP.			
TOTAL CLAIMS	22						TOTAL CLAIMS			

TO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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